

APPLICATION FOR RISK RETENTION GROUP RENEWAL

Return to CDI OASIS one pdf copy and email a copy

by December 31, 2013 with

Renewal Fee of \$300 may be paid through CDI OASIS.

If paying by check, please send check with a complete copy of this statement to:

CALIFORNIA DEPARTMENT OF INSURANCE

Corporate and Regulatory Affairs Branch

ATTENTION: Corporate Affairs Bureau

45 Fremont Street, 24th Floor

San Francisco, California 94105

Email the pdf copy to CAB-SF-Intake@insurance.ca.gov

Nature of Applicant & Background

1. Risk Retention Group Name:
2. Domicile:
3. Company FEIN:
4. NAIC Company Code:
5. NAIC Group Code:
6. Company type (i.e., mutual, reciprocal, stock, captive):
7. Please attach a copy of the RRG's Certificate of Authority or License, if amended or revised since last report or submission to this Department.
8. Street Address or Home Office:
9. Principal Place of Business:
10. Website, if any:
11. Officers:
 - a. President:

Since:
 - b. Secretary:

c. Treasurer:

d. Officer of RRG Responsible for Management:

12. Management Firm or Administrator:

a. Address:

b. Telephone number:

c. Toll free number (if available):

d. Fax number:

e. E mail:

13. Contact for CA Regulatory Matters:

a. Address:

b. Telephone number:

c. Toll free number (if available):

d. Fax number:

e. E mail:

CHECKLIST

1. <u>FILING FEE</u> <ul style="list-style-type: none">• Remit the \$300 filing fee for Risk Retention Group Renewal per Cal. Ins. Code § 132(j).	
2. <u>BUSINESS AND INCORPORATION INFORMATION</u> <ul style="list-style-type: none">• Incorporation Date: _____• Commenced Business in CA: _____• Authorized Lines of Business: _____• Date of most recent Plan of Operation _____• States in which the RRG is Registered to do Business: _____• Types of coverage offered: _____ (Should be liability insurance only.)	

<p>3. <u>OWNER MEMBER/INSURED INFORMATION</u></p> <ul style="list-style-type: none"> • Ownership By all member insureds Yes/No (If no, please attach an explanation as to current ownership) • Total Number of Members: _____ • Number of Members in CA: _____ • Total Number of Insureds: _____ • Number of Insureds in CA: _____ <p>(If number of insureds differs from number of members, please attach a written explanation.)</p>	
<p>4. <u>PREMIUM VOLUME</u></p> <ul style="list-style-type: none"> • Total Premium Volume in California: <ul style="list-style-type: none"> ○ 2010: _____ ○ 2011: _____ ○ 2012: _____ <p>Percentage of Overall Premium in CA? _____</p>	
<p>5. <u>FINANCIAL INFORMATION</u></p> <ul style="list-style-type: none"> • Minimum Capital & Surplus Required in Domicile: <ul style="list-style-type: none"> ○ Capital \$ _____ ○ Surplus \$ _____ • Is the RRG required to file the NAIC Annual Statement Blank? _____ <p>(If not, please attach a written explanation.)</p>	
<p>6. <u>OUTSIDE AUDIT INFORMATION</u></p> <ul style="list-style-type: none"> • Was an outside audit of the RRG performed in 2010, 2011 or 2012? _____ <ul style="list-style-type: none"> ○ By whom? _____ <ul style="list-style-type: none"> ▪ If not, please attach a written explanation. ○ Please attach a certified copy if the RRG has not already provided it. 	
<p>7. <u>EXAMINATION INFORMATION</u></p> <ul style="list-style-type: none"> • Provide the date of the RRG's most recent examination by its domiciliary or another state. <ul style="list-style-type: none"> ○ Date: _____ ○ Please attach a certified copy if the RRG has not already provided it. <ul style="list-style-type: none"> ▪ If the RRG has never been examined, please attach a written explanation. • Is an examination of the RRG presently noticed or in progress? _____ <ul style="list-style-type: none"> ○ If so, as of what date? _____ ○ Who is conducting the examination? _____ 	

8. <u>REGULATORY PROCEEDINGS</u> <ul style="list-style-type: none"> Has the RRG been the subject of any regulatory proceedings conducted by any State or Federal Agency? <ul style="list-style-type: none"> If so, when: _____ By whom? _____ 	
9. <u>VEHICLE SERVICE CONTRACTUAL LIABILITY</u> <ul style="list-style-type: none"> Do you insure vehicle service contractual liability insurance in California? _____ 	
10. <u>STATUTORY NOTICE</u> <ul style="list-style-type: none"> Do you provide the statutory notice (Insurance Code section 132 g) on all application forms and on all insurance policies including certificates issued on master policies? _____ 	
11. <u>MEDICAL MALPRACTICE INSURANCE</u> <ul style="list-style-type: none"> Do you write medical malpractice insurance in California? _____ <ul style="list-style-type: none"> If yes, have you ever filed statistics with the Insurance Commissioner pursuant to Insurance Code section 11555.2? _____ If yes, when did you most recently do so (month, year): _____ 	
12. <u>STOP LOSS CONFIRMATION</u> <ul style="list-style-type: none"> Please confirm that you do not provide stop loss insurance on employee health benefits: _____ 	
13. <u>REINSURANCE CONFIRMATION</u> <ul style="list-style-type: none"> Do you act as a reinsurer in California? _____ Do you act as a reinsurer in any jurisdiction? _____ <ul style="list-style-type: none"> If yes to either, please confirm that you only reinsure other RRGs: _____ 	

STATE OF CALIFORNIA

Department of Insurance

The undersigned certify under penalty of perjury under the laws of the State of California that the foregoing statements and information regarding

_____are true and correct.
(Name of Risk Retention Group)

President of the Risk Retention Group

(Print or type full name)

Secretary of the Risk Retention Group

(Print or type full name)

State of _____)
County of _____) ss.

On _____, 20____before me
_____ (Notary Public) personally appeared
_____, who proved to me on the basis of
satisfactory evidence to be the person(s) whose name(s)is/are subscribed to
the within instrument and acknowledged to me that he/she/they executed the
same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of
California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature_____ Notary Public (Seal)

My commission expires _____.